## 20-5 - 10 - 05 - 08 - 00024868

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FEC FORM 2
STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)  Joel Martin Rubin					
	(b) Address (number and street)			2. FEC Candidate Identification Number		
	(c) City, State, and ZIP Code Bethesda, MD 20824		3. Is This New Amended Statement (N) OR			
4.	Party Affiliation	5. Office Sought		trict of Candidate		
	Democrat	House	Marvla	and 08		
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  2016					
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the election(s).  (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.					
	(a) Name of Committee (in full)		<u> </u>			
	Joel Rubin for Con-	gress		•		
	(b) Address (number and street)	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	PO Box 30052					
	(c) City, State, and ZIP Code			. •		
	Bethesda, MD 208	324				
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)					
<u>.</u>	(b) Address (number and street)		·			
	(c) City, State, and ZIP Code					
	I certify that I have exa	mined this Statement and to the	best of my knowledge	and belief it is true, correct and complete.		
Sig	gnature of Candidate	M.		Date 10/5/15		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.						
9-00	0068			FEC FORM 2 (REV. 02/2009)		

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